

Broughton Associates, Inc.

Vocational Rehabilitation

April 19, 2016

Megan B. Davis, Esquire
Nelson Mullins Riley & Scarborough LLP
949 Third Avenue, Suite 200
Huntington, West Virginia 25701

Re: William Talbott, et al v. David Boling, et al
United States District Court for the Northern District of West Virginia
Civil Action No.: 3:15-CV-105

Reason for Vocational Diagnostic Interview

A Vocational Diagnostic Interview is conducted in order to determine an injured person's employability, placeability, and earning capacity which are defined as:

Employability is the ability to: (1) meet worker requirements, (2) have access to work KSA's and (3) have the traits or occupational familiarity necessary to perform a job or the kinds and types of jobs on the basis of age, education, work experience and residual functional capacity.

Placeability is defined as the worker's potential to be hired or placed within a given job in the local labor market and by one's availability to interview and work.

Earning Capacity is defined as the potential of a worker, possessing knowledge, skills, and abilities (KSA's) to work and earn money in a competitive labor market. The most commonly accepted definitions of earning capacity involve the amount of money a person can earn because of age, education, training, work experience and residual functional capacity.

The interview is a process whereby the Vocational Expert gathers specific information about the person being assessed. Once the information is gathered, an opinion can be given, within a reasonable degree of vocational certainty, as to a person's employability, placeability and earning capacity. This enables the evaluator to determine their transferable skills to the same type of work or other work their skills transfer. Other information is reviewed and considered when forming opinions.

EXHIBIT

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I am enclosing the interview sheet which I use, indicating there are questions about:

Personal Data, Family Background, Military Service, Hobbies/Leisure Time Activities, Arrests/Convictions, Education, Work History, Financial Information (not needed in this case), Personal Appearance, Physical/Mental Status (Current Problems), Physical Status (Occurrence of Pain), Present Physical/Mental Treatment, Special Problems with the Environment, Physical Limitations, Emotional Status, Motivation, and Impressions and Comments.

I do not ask questions about a person's financial situation because in this case I am not counseling them on their budget and other services that may be available to them.

The value in conducting a Vocational Diagnostic Interview is that I get to observe the person being assessed as to how they answer questions, how they present themselves, are they having difficulty either physically or mentally doing the assessment. I also can ask additional questions to clarify information about their work history, jobs duties, vocational preferences and determining their attitude to work/returning to work.

In this case I know Mr. Talbott's transferable skills, education, age, past work, medical conditions (described in the medical records I received) and other information I received. However, I like to make sure that the information is accurate.

It is helpful to me if Mr. Talbott answers the questions asked from this form to the best of his ability so that I can get a complete picture of all the factors that affect his ability to find a job, work, and earn money (Employability, Placeability and Earning Capacity). I also get a picture of what he feels he can do physically, any limitations he may have cognitively, and also his attitude concerning returning to work.

If anyone has any questions, please feel free to call me on my cell (804-221-4199) as long as the Judge/Court approves.

Respectfully submitted,



H. Gray Broughton, M.Ed., CRC, CCM, CRP
Diplomate, American Board of Vocational Experts

HGB/pg

Enclosure (1)

INTERVIEW WORKSHEET

Personal Data

Client's Name: _____ SS#: _____
Address: _____ Accessible to Public Transport: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____ Sex: _____ Phone: _____
Place of Interview - Home: _____ Office: _____ Other: _____ City: _____
Interviewing Counselor: _____ Case #: _____ Interview Date: _____
Referral Source: _____ Referral Date: _____
Address: _____ City: _____
Claim #: _____ File #: _____ Case Manager: _____

Family Background

Place of Birth: _____ How Long at Present Location?: _____
Spouse's Name: _____ Occupation: _____ Age: _____
Marital Status: _____ Previous Marriages? Yes: _____ No: _____ Date of Present Marriage: _____
Number of Children: _____ At Home: _____ Names and Ages: _____

Military Service

Branch: _____ Years Served: _____ Type discharge: _____
Occupation & duties: _____
Special training: _____
Service connected disability: _____ Percentage: _____

Miscellaneous Data

Driver's License #: _____ Chauffeur's License #: _____
Hobbies/Leisure Time Activities: _____

Arrests/Convictions: _____

Education

Last Grade Completed: _____ Name of School: _____
Degree / Certification: _____ Year: _____
Special Training: _____
Location: _____ Year: _____

Employment

Employer when Injured: _____ Job Title: _____
Address: _____ City: _____
Date Started: _____ Date Left: _____ Reason: _____
Supervisor: _____ Salary: _____
Union Member? Yes: _____ No: _____ Name of Union: _____

On previous job was often required to:

Walk:	How far:	Drive:	How far:
Stand:	How long:	Balance:	How long:
Sit:	How long:	Carry:	How much:
Lift:	How much:	Push:	How far:
Bend:	How often:	Pull:	How far:
Kneel:	How often:	Stoop:	How often:
Squat:	How often:	Handle:	How often:
Climb:	How much:	Work	
Reach:	How far:	overtime:	How much:

Employer Comments: _____

Other Work Experience (Begin with most recent job first)

Employer: _____ Job Title: _____
Address: _____ City: _____
Date Started: _____ Date Left/Reason: _____ Salary: _____
Supervisor: _____ Best Skill: _____
Specific Duties: _____

Union Member? Yes: _____ No: _____ Name of Union: _____

Employer: _____ Job Title: _____
Address: _____ City: _____
Date Started: _____ Date Left/Reason: _____ Salary: _____
Supervisor: _____ Best Skill: _____
Specific Duties: _____

Union Member? Yes: _____ No: _____ Name of Union: _____

Employer: _____ Job Title: _____
Address: _____ City: _____
Date Started: _____ Date Left/Reason: _____ Salary: _____
Supervisor: _____ Best Skill: _____
Specific Duties: _____

Union Member: Yes: _____ No: _____ Name of Union: _____

Vocational Information

Employment Interests: _____

Business Practices with which client is familiar (describe):

Bookkeeping: _____

Inventory Control: _____

Shipping/Receiving: _____

Scheduling: _____

Supervising: _____

Instructing: _____

Other: _____

Machines/Equipment with which client is familiar and/or has had experience (describe):

Office Machines: _____

Farm Equipment: _____

Construction Equipment: _____

Hand Tools: _____

Transportation Equipment: _____

Machine/Shop Tools: _____

Special license or certificate (describe):

Possession of special tools or equipment (describe):

Available for work (date): _____ Salary requirements: _____ Minimum wage: _____

Means of transportation: _____ Willing to commute: _____ Willing to relocate: _____

Financial Status		INCOME	EXPENSES		
Relatives	\$:	Month	Auto	\$:	Month
Welfare	\$:	Month	Personal	\$:	Month
V.A.	\$:	Month	Insurance	\$:	Month
D.V.R.	\$:	Month	Telephone	\$:	Month
Cash on hand	\$:	Month	Counselor	\$:	Month
S.S.	\$:	Month	Medicine	\$:	Month
Pension	\$:	Month	Utilities	\$:	Month
W.C.	\$:	Month	Rent	\$:	Month
Other	\$:	Month	Food	\$:	Month
Total Income	\$:	Month	Transportation	\$:	Month
Personal Appearance			Miscellaneous	\$:	Month

Height: _____ Weight (Pre Injury): _____ Weight (Current): _____ Grooming: _____

Outward signs of Injury/disabling condition: _____

Mobility - Limp: _____ Stiffness: _____ Posture: _____ Other: _____

Describe: _____

Prosthetic aid (type): _____ Problems: _____

Demonstration of pain - Walking: _____ Standing: _____ Sitting: _____ Arms: _____

Visible scars - Yes: _____ No: _____ Location: _____

Physical/Mental Status Previous Problems: (illness, injuries, operations)

Date	Incidents	Residual Problems

Physical/Mental Status Current Problems:

Item	No	Yes	Extent
Headaches/Dizziness			
Chest Pain/Discomfort			
Back Pain/Discomfort			
Stomach/Digestive Problems			
Urination/Elimination			
Sexual Dysfunction			
Other			

Subjective Complaints: _____

Physical Status: Occurrence of Pain

Pain Location	Pain Frequency	Pain Intensity

Present Physical/Mental Treatment

Doctors/Treatments

Doctor	Treatment	Date

Special techniques to relieve problems -- (hot baths, PT, OT, exercise, traction):

Present Medication/Dosages:

Physician Comments:

Special problems with environment:

Condition	No	Yes	Extent
Inside			
Outside			
Heat			
Cold			
Wet/Humid			
Dusty/Dirty			
Noisy			
Highs			
Vibrations			

Physical Limitations

Activity	None	Yes	Extent
Lifting			
Talking			
Hearing			
Sitting			
Climbing			
Balancing			
Stooping			
Breathing			
Driving			
Feeling			
Reaching			
Seeing			
Standing			
Walking			
Bending			
Kneeling			
Sleeping			

Emotional Status: (Include emotional appearance, depression, anxiety, anger, etc.):

Motivation: (Include client's effort to recall information, attitude toward interviewer, outside issues affecting interview, pertinent observations and body language):

Impressions & Comments:

Date:

Consultant: